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Form 8 5-09-4m. ms, that it may be properly classified. possible to secure this informator, Arizona Territorial Board of Health BUREAU OF VITAL STATISTICS County of CERTIFICATE OF DEATH 129 Town of OF County Registered No. 2 (It death occurs away from USUAL RMANENT RES (If death occurred in a Hos-RESIDENCE, give facts called for pital or Institution, give its NAME under "Special information.") istead seet and number.) FULL NAME d be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, any item can not be obtained insert the word "unknown." Make every effort pos PERSONAL AND STATISTICAL PARTICULARS MEDICAL CEATIFICATE OF DEATH LENGTH OF RESIDENCE DATE OF DEATH At Place of Death. THIS IS A 1999 MARGIN RESERVED FOR BINDING. mos. In Arizona (day) (year)mos. I hereby certify, That I attended deceased from SEX-COLOR OR RACE White Chinese WRITE PLAINLY WITH NFADING INK. THIS I Brackllule 4 Mexican DATE OF BIRTH ری (year) and that death occurred on the date stated above a Ja The DISEASE or INJURY causing DEATH was as follows; month) (day) AGE will be returned for correction, SINGLE, MARRIED. Where contracted WIDOWED, OR DIVOR Contributing cause(if any) BIRTHPLACE (State or foreign country) Where contracted. **QCCUPATION** (Signed). 118 1909 Addre SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents. If any item can not r Incorrect certificates (State or foreign country) Former or How long at Usual residence .Place of Death..... Days Place of burist or removal Date of burial or removal (State or foreign county) Undertal THE ABOVE BEST OF N PARTICULARS ARE TRUE TO THE AGE unty Register.